



CITY OF CHANDLER - AQUATICS DIVISION  
RECREATION SWIM TEAM  
PARTICIPANT HEALTH CARD



Please check ONE:

- |  |  |
|--|--|
| <input type="checkbox"/> Arrowhead Dolphins  | <input type="checkbox"/> Arrowhead Sea Lions       |
| <input type="checkbox"/> Mesquite Sting Rays | <input type="checkbox"/> West Chandler Hammerheads |

Date: \_\_\_\_\_

Participant's: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Age: \_\_\_\_ Height: \_\_\_\_ feet \_\_\_\_ inches Weight: \_\_\_\_ lbs.

What would you say is the present state of your child's physical health?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Participant's Physician Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Is your child presently taking any medication? ☐ Yes ☐ No

If yes, please list medication(s): \_\_\_\_\_

Please check if your child now has or has had within the past year any of the following medical conditions: (Please check all that apply)

- ☐ A history of heart problems
- ☐ Difficulty with physical exercise. If checked, please describe \_\_\_\_\_
- ☐ A chronic illness. If checked, please describe \_\_\_\_\_
- ☐ Advice from a physician not to exercise
- ☐ Muscle, joint, or back disorder that could be aggravated by physical activity
- ☐ Diabetes. Does your child take insulin? ☐ Yes ☐ No
- ☐ Epilepsy. Does your child have seizures? ☐ Yes ☐ No

Are there any other conditions or special needs we should be aware of? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Parent/Guardian Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_